

State of Montana  
Dept. of Environmental Quality  
Waste and Underground Tank Management Bureau  
PO Box 200901  
Helena, Montana 59620-0901  
(406) 444-5300 • FAX: (406) 444-1374  
Office Location: 1520 East 6th Ave  
Helena, Montana

**FOR OFFICE USE ONLY**

Date Received: \_\_\_\_\_  
\$ Received \_\_\_\_\_  
License # \_\_\_\_\_  
Type \_\_\_\_\_  
Date Approved \_\_\_\_\_  
Date Denied \_\_\_\_\_

## APPLICATION FOR UNDERGROUND STORAGE TANK COMPLIANCE INSPECTOR

A **Compliance Inspector** is a private sector inspector who is licensed by the Dept. of Environmental Quality to conduct inspections of underground storage tank facilities to determine compliance with the Montana Underground Storage Tank Act and the rules adopted thereunder.

**Type or Print Clearly:**

1. Full Name:		Last	First	Middle
2. Residence:	Mailing Address	City	State	Zip
	Phone: ( )			
3. Business:	Mailing Address	City	State	Zip
	Phone: ( )			
4. Send Mail to My: (check one)		5. Social Security Number:		
<input type="checkbox"/> Residence				
<input type="checkbox"/> Business		6. Birth Date: ____/____/____		

7. List current and past employers for whom you worked performing UST and/or inspection related work. List name of present employer first. (State if self-employed.)

Name of Employer	Address, City, State, Zip	Years Employed	
		From	To

8. Have you worked under a licensed tank installer, remover, liner, or inspector? ☐ Yes ☐ No  
If yes, complete the following:

Installer's/Inspector's Name	Address	Work Period _____ to _____
Installer's/Inspector's Name		Work Period _____ to _____



**14. Indicate tank installations or closures you . . .**

Indicate if Installation (I) or Closure (C)	<u>Inspected?</u>		<u>Participated In?</u>	
	I	C	I	C
Bare/asphalt coated steel	_____	_____	_____	_____
Fiberglass	_____	_____	_____	_____
Fiberglass coated steel	_____	_____	_____	_____
Cathodically protected steel	_____	_____	_____	_____
Dual containment (liner)	_____	_____	_____	_____
Dual containment (double wall)	_____	_____	_____	_____
TOTALS:	_____	_____	_____	_____

**15. Indicate piping installations you . . .**

	<u>Inspected?</u>		<u>Participated In?</u>	
	I	C	I	C
Black iron/galvanized	_____	_____	_____	_____
Copper	_____	_____	_____	_____
Fiberglass	_____	_____	_____	_____
Cathodically protected steel	_____	_____	_____	_____
Dual wall	_____	_____	_____	_____
Flexible plastic	_____	_____	_____	_____
TOTALS:	_____	_____	_____	_____

**6. I understand that I may be required to supply additional data if requested by the DEQ/TSB.** \_\_\_\_\_  
(initials)

**17. A NON-REFUNDABLE LICENSE APPLICATION FEE OF \$100 MUST  
BE SUBMITTED WITH THIS APPLICATION.**

**Make check payable to:  
Montana Department of Environmental Quality**

***I hereby certify that the information contained in this application is true and correct.***

Signature of Applicant: \_\_\_\_\_

Notary Information: State of \_\_\_\_\_

County of \_\_\_\_\_

Subscribed and Sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public Signature

Residing at \_\_\_\_\_

My Commission expires \_\_\_\_\_